

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2071

State File No.

JAN 21 1943

Registration District No. 247 96

Primary Registration District No. 5338 5349

Registrar's No. 48

1. PLACE OF DEATH:

(a) County... Dallas  
(b) City or town... Rural Jasper miss  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Henry Evans

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if  
Tilda alive years  
7. Birth date of deceased. 10-1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 4 9 hr. min.

9. Birthplace. (City, town, or county) (State or foreign country)  
Mo. O

10. Usual occupation. Farmer

11. Industry or business.

12. Name. Mark Evans  
13. Birthplace. Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name. Catherine Russell  
15. Birthplace. Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Catherine D. W. Chastain

(b) Address. Buffalo Mo.

17. (a) Burial. (b) Date thereof. 11-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Flat woods

18. (a) Signature of funeral director. L. B. Jones

(b) Address. Buffalo Mo.

19. (a) 11/21/42 (b) John Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Dallas  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Windyville Mo.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 11 day. 19  
year. 1942 hour. 10 minute. 9 M.

21. I hereby certify that I attended the deceased from  
19....., to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death. Died without medical attention  
Due to.

Due to Infirmities of age

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 1626

Of autopsy. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature. L. B. Jones (M. D. or other)  
Address. Buffalo Mo. Date signed.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1089

(Licensed Embalmer's Statement on Reverse Side)

20-19-42

RECEIVED

District Health Officer No.

District File Number 12-42-1375

Date Filed 1-12-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Clyde Montgomery*

Licensed Embalmer No.

3592

P. O. Address

*Buffalo Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**